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Appendix C - G

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H- Post-Construction Facility Inspection Form
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Springville

Spill Report

Location: _____

Date: _____

Time: _____

Regulatory agencies notified (date, time, person, agency and how):

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Material Spilled:

--

Quantity Spilled:

--

Source:

--

Cause:

--

Extent of injuries (if any):

--

Adverse environmental impact (if any):

--

Immediate remedial actions taken at time of spill:

--

Measures taken or planned to prevent recurrence:

--

Additional comments:

--

This report prepared by:

Signature

Date



Corrective Action Log

[illegible]



Visual Inspection Log

[illegible]



High Priority Facility SWPPP Compliance Report

Site Name: _____ Inspected By: _____

Date of Evaluation: _____ Start/End Time: _____ Existing Weather Conditions: _____

Date of last rain event > .1" of precipitation: _____ Approximate rainfall: _____

Areas of Industrial activities and materials exposed to stormwater

Area/Activity	Was area Inspected?		Are controls operating effectively		Describe Corrective Action Needed
	yes	no	yes	no	
1. Outdoors and indoor material storage areas					
2. Equipment and vehicle parking areas					
3. Dumpsters					
4. Paved areas					
5. Storm drain inlets and gutters					
6. Indoors working and storage areas					
7. Spill Kits					

I certify that this document and all attachments were prepared under my direction. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Inspector Name

Inspector Signature

Date



Post-Construction Facility Inspection Report

Site Name: _____ Inspection Date: _____

Site Address: _____

Owned/Operated by: _____

Contact Person: _____ Telephone Number: _____ e-mail: _____

Existing Weather Conditions: _____ Date of last rain event > .5" of precipitation: _____ Approximate rainfall: _____

Description of the condition of the storm water control measure	Are controls operating effectively		Describe Corrective Action Needed
	yes	no	
1. Grass lined detention pond: is the lawn healthy, is it being mowed, are there any signs of soil erosion?			
2. Catch basins, Curb and gutter: are the catch basin grate, and gutters free of sediment and garbage?			
3. Detention pond cross gutter, spill way or overflow structure: is the cross gutter free of sediment and garbage?, is the overflow free of garbage?			
4. Inlet structure: Is the snout properly installed? Do the floatables and sediments need to be removed?			
5. Flow control orifice: is the orifice plate secure? Is there any blockage?			
6. Outfall structure: are there any signs of erosion?			
7. Other:			

Inspector Name

Inspector Signature

Date



Discharge Monitoring Report

Site Name: _____

Inspected By: _____ Date of Evaluation: _____

Start/End Time: _____ Rain Event Magnitude: _____

Visual Monitoring Requirements

Sample and Data Collection:

Examinations shall be made of samples collected within the first 30 minutes (or as soon thereafter as practical, but not to exceed one hour) of when the runoff or snowmelt begins discharging. The examinations shall document observations of color, odor, clarity, floating solids, settled solids, suspended solids, foam, oil sheen, and other obvious indicators of storm water pollution. The examination must be conducted in a well lit area. No analytical tests are required to be performed on the samples. All such samples shall be collected from the discharge resulting from a storm event that is greater than 0.1 inches in magnitude and that occurs at least 72 hours from the previously measurable (greater than 0.1 inch rainfall) storm event. Where practicable the same individual will carry out the collection and examination of discharges for the life of the permit.

COLOR (Circle the ones that apply):

1. Identification of Color.

Black Dark Grey Medium Grey Light Grey Dark Chocolate Brown Medium Brown
Light Brown Tan Yellow Green Other: _____

2. Intensity of Color.

Very Intense Prominent Moderately Perceptible Hardly Perceptible

Comments: _____

CLARITY (Circle the right one):

Totally Opaque Slightly Translucent Translucent Nearly Transparent Transparent

ODOR (Circle the ones that apply):

Diesel Gasoline Petroleum Solvent Musty Sewage Chlorine
Rotten Egg Sulfur No Odor Noxious Other _____

Comments: _____

SOLIDS

Floating Solids: (Description) _____

Suspended and Settled Solids: (Description) _____

FOAM, OIL SHEEN, OR OTHER OBVIOUS INDICATORS OF POLLUTION

Describe: _____

Inspector Name

Inspector Signature

Date